

TENNESSEE BOARD OF CHIROPRACTIC EXAMINERS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243

Phone: (615) 741-3807 Fax: (615) 253-8724 Email: Unit2HRB.Health@tn.gov

APPLICATION FOR CHIROPRACTIC PRECEPTOR PROGRAM

Name of Intern: _____ Phone Number: _____

Address of Intern: _____

Social Security Number: _____ Date of Birth: _____

Intern Email Address: _____ Dates of Preceptorship: _____

CCE Accredited College Attended: _____

Authority at Sponsoring Chiropractic College:

Printed Name **Signature**

Name of Preceptor: _____ Phone Number: _____

Address of Preceptor: _____

Preceptor Email Address: _____ License Number: _____

Preceptor's Signature **Intern's Signature**

List of Alternate Preceptors:

Printed	Name: _____	Printed	Name: _____
_____	Signature: _____	_____	Signature: _____
_____	License #: _____	_____	License #: _____

Printed	Name: _____	Printed	Name: _____
_____	Signature: _____	_____	Signature: _____
_____	License #: _____	_____	License #: _____

FOR BOARD USE ONLY:

Approval Date

STATE SEAL

Authorized Signature & Title